

Potential Questions for 12-21 Task Force Meeting

1. Washington State permits commitment of a person with mental illness if he or she is “gravely disabled,” which is defined in statute as a person who is “in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety” or manifesting “severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety.”

Based on your experiences and expertise, is this an appropriate standard for involuntary commitment? If not, would some alternative definition of “gravely disabled” provide a more appropriate standard?

2. In Washington State, an individual who is 13 or older may consent to or refuse treatment. This age of consent is lower than in most states, and some people have suggested that it may lead to over-utilization of the involuntary commitment process. What are your experiences with the age of consent and its implications? What do you think would be the most appropriate age of consent?

3. When an individual is arrested for a misdemeanor and is found to be not competent to stand trial, a judge will determine whether or not competency should be restored based on whether that individual has a history of one or more violent acts in the preceding 10 years. (§10.77) If restoration is required but not successful, the judge will dismiss charges and order the individual to be detained for up to 72 hours at the state hospital while a civil commitment petition is filed. In nearly all cases, the petition is granted and the individual is committed for an initial 90-day period.

Does this process result in over-utilization of state hospitals? If so, why? How is this process implemented differently in different regions of the state? What changes in law or practice would you recommend?

4. Who are key stakeholders whose perspectives and viewpoints should be included in our review? How can they most effectively be engaged in this process?

5. In addition to the specific issues discussed today, are there other involuntary treatment issues or provisions in the law that you think should be addressed in this review?